

CLERK'S OFFICE U.S. DIST. COURT  
AT ROANOKE, VA  
FILED

JAN 21 2022

JULIA C. DUDLEY, CLERK  
BY: ABeeson  
DEPUTY CLERKDillon  
District Judge  
Assign. by Clerk's Ofc.IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF VIRGINIAHoppe  
Mag. Referral Judge  
Assign. by Clerk's Ofc.

For use by Inmates filing a Complaint under

**CIVIL RIGHTS ACT, 42 U.S.C. §1983 or BIVENS v. SIX UNKNOWN NAMED AGENTS  
OF FED. BUREAU OF NARCOTICS, 403 U.S.C. §388 (1971)**\_\_\_\_\_  
Plaintiff full name\_\_\_\_\_  
Inmate No.

v.

CIVIL ACTION NO.

7:22CV27

(Assigned by Clerk's Office)

\_\_\_\_\_  
Defendant(s) full name(s)

\*\*\*\*\*

**\*The mailing address you provide at A: "where are you now?" is where the court will send mail to you\***A. **Where are you now?** Facility and Mailing Address Culpeper Jail131 W Cameron St Culpeper VA 22701B. Where did this action take place? Culpeper VA

C. Have you begun an action in state or federal court dealing with the same facts involved in this complaint?

\_\_\_\_ Yes

☒ No

If your answer to A is Yes, answer the following:

1. Court: \_\_\_\_\_

2. Case Number: \_\_\_\_\_

D. Have you filed any grievances regarding the facts of this complaint?

\_\_\_\_ Yes

☒ No

1. If your answer is Yes, indicate the result:

\_\_\_\_\_

2. If your answer is No, indicate why:  
Because they won't give grievances outI've tried several times to

E. Statement of Claim(s): State briefly the facts in this complaint. Describe what action(s) each defendant took in violation of your federal rights and include the relevant dates and places. **Do not give any legal arguments or cite any cases or statutes.** If necessary, you may attach additional page(s). Please write legibly.

Claim #1 – Supporting Facts – Briefly tell your story without citing cases or law:

Culpeper Jail

Claim #2 – Supporting Facts – Briefly tell your story without citing cases or law:

Culpeper sheriffs office

F. State what relief you seek from the Court. Make no legal arguments and cite no cases or statutes.

Money

G. If this case goes to trial do you request a trial by jury? Yes ☒ No ☐

H. If I am released or transferred, I understand it is my responsibility to immediately notify the court in writing of any change of address **after** I have been released or transferred or my case may be dismissed.

DATED: 1-18-22 SIGNATURE: Daniel Conley

VERIFICATION:

I, Daniel Conley, state that I am the plaintiff in this action and I know the content of the above complaint; that it is true of my own knowledge, except as to those matters that are stated to be based on information and belief, and as to those matters, I believe them to be true. I further state that I believe the factual assertions are sufficient to support a claim of violation of constitutional rights. Further, I verify that I am aware of the provisions set forth in 28 U.S.C. §1915 that prohibit an inmate from filing a civil action or appeal, if the prisoner has, on three or more occasions, while incarcerated brought an action or appeal in federal court that is dismissed on the grounds that it was frivolous, malicious, or failed to state a claim upon which relief may be granted, unless the prisoner is imminent danger of serious physical injury. I understand that if this complaint is dismissed on any of the above grounds, I may be prohibited from filing any future actions without the pre-payment of the filing fees. I declare under penalty of perjury the foregoing to be true and correct.

DATED: 1-18-22 SIGNATURE: Daniel Conley



Hello my name is Daniel Ray Conley Im incarcerated in culpeper County Jail in VA Im writing about Claim 1 Claim 2. Culpeper Sheriffs office for Police Abuse of Force. and a Negligence Claim against the culpeper county. I was arrested on Jan, 28, 2021 when the culpeper Sheriffs broke my left middle finger while arresting me I was transported to culpeper hospital and then brought to Jail Feb all most at the end of the month I had surgery the first day I was supposed to go they deputies feed me breakfast later they came and told me its time to go I ask where the deputy said surgery I told him I ate he said hold on he'd be back he came back and said that it was reschedule the next time they feed me breakfast and the deputy came and said lets go I said I can't go because I ate again he said who told you to eat I said who told me not to eat so they took me down stairs and they called the hospital I had surgery about 4 or 5 oclock that day two weeks later March 16 the deputies came to me because the first surgery wasn't good I had to get another one I told them I didn't want the same doctor to do the surgery he didn't know what he was doing they cam to me and tryed to get me to sign a refusual form and the deputy said if I didn't go to the doctor again that I had to sign the paper so I went back to the doctor again



I wanted a second apintion but I was  
 bullied in to going the second time ~~this~~  
~~I~~ I was being housed in medical some of  
 the time while I was in medical one morning  
 one of the deputies sprayed lysol ~~over~~ under  
 the door in my face where I was sleeping  
 they maid me sleep in the floor here all the  
 way up past May 50 in April ~~27~~ 2021 I  
 was sent to Rappahannock Regional Jail May 1st  
 I went to medical and was put on ~~ant~~ antibiotics  
 May 2nd I was sent to Stafford Mary Washington  
 Hospital May 3rd there were cat scan and a MRI  
 May 4th they cut my finger off Due to infection  
 I tryed having a lawyer help me Reed Law Firm  
 but they said they didn't want to help but  
 they have a lot of stuff for this There words  
 was that it wasn't a reflection on the Merits  
 of My case so thats why Im writing Ive  
 lost my finger and its going to effect me  
 for ever Thank you

Daniel Conley

Ive sent the paper of trust out  
 with a request form and haven't gotten  
 a responses yet but Im runing out of  
 time so I just sent this part  
 if and when I get the Trust Paper Ill mail it





*This is the Request*  
**Culpeper County Sheriff's Office**

Scott H. Jenkins, Sheriff



*Form*

**INMATE REQUEST**

Inmate Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Date: \_\_\_\_\_

Please Check Subject:

<input type="checkbox"/> Law Library	<input type="checkbox"/> Education
<input type="checkbox"/> Library	<input type="checkbox"/> Counseling
<input type="checkbox"/> Housing	<input type="checkbox"/> Religious
<input type="checkbox"/> Medical	<input type="checkbox"/> Other

**\*\*WE DO NOT ACCEPT TRUSTEE REQUEST\*\***

**\*\*REQUEST TO NOT BE TRANSFERRED WILL NOT BE HONORED\*\***

**MEDICAL CO-PAYMENT PROGRAM**

The following medical services will be provided free of charge:

1. Initial booking medical screening
2. Over-the-counter medication
3. Follow-up visits requested by Jail Medic

The following medical services will require a co-payment:

- |                              |         |
|------------------------------|---------|
| 1. Sick Call                 | \$10.00 |
| 2. Doctor Visit              | \$25.00 |
| 3. Prescription Handling Fee | \$10.00 |
| 4. Specialist                | \$35.00 |

No inmate will be charged if taken to the Medical Department at the request of the Medic or a staff member. Inmates shall be responsible for any and all emergency and medical services rendered by external medical / mental facilities, IE: hospital, dental, lab work, x-rays, etc., except those rendered by the Jail physician or dentist for which the \$35.00 co-payment would apply, in the event that the charge for services is less than the \$25.00 co-payment, the inmate will only be responsible for the amount charged. Inmates are responsible for any and all bills related to chronic care or pre-existing medical, mental or dental condition, except those rendered by the Jail physician or dentist for which the \$25.00 co-payment would apply.

Write your request in detail below:

*So if they don't like what  
 you write you don't get it  
 back so you have no proff you  
 sent it in*

Staff Response:

Date: \_\_\_\_\_

Daniel Conley  
131 W Cameron St  
Culpeper VA 22701

NOVA 220

19 JAN 2022 PM 4 FOREVER  
USA



UNITED STATES DISTRICT Court  
210 FRANKLIN RD RM 540  
ROANOKE VA 24011

24011-220999

